

2420

149 ✓

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH
County of Gila
District of Globe
Town of Globe
or
City of _____

ORIGINAL CERTIFICATE OF BIRTH
State Index No. 632
Co. Register No. 79
Local Registrar's No. _____

FULL NAME OF CHILD Charley Edward Erickson { Born YES
Alive YES

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child Male { Twin, Triplet or other _____ } and { Number in order of birth _____ } Legitimate? Yes Date of Birth Feb. 4 1918
(Month) (Day) (Yr.)

FATHER			MOTHER		
Full Name	<u>John Erickson</u>		Full Maiden Name	<u>Fina Wude</u>	
Residence	<u>Globe Arizona</u>		Residence	<u>Globe Arizona</u>	
Color or Race	<u>Finish</u>	Age at last Birthday <u>41</u> (Years)	Color or Race	<u>Finish</u>	Age at last Birthday <u>41</u> (Years)
Birthplace	<u>Finland</u>		Birthplace	<u>Finland</u>	
Occupation	<u>Miner</u>		Occupation	<u>Housewife</u>	

Number of child of this mother... 3 ... Number of children, of this mother, now living... 3 ... Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Feb. 4 1918, at 1:15 a.m.

{ *When there is no attending physician or midwife, then the householder should make this return. }

(Signature) C. W. Adams
(Attending physician, midwife, householder*)

Given or christian name added from a supplemental report _____ 1918

Address Globe Arizona

Filed Feb 5 1918 W. G. S. J. J. LOCAL REGISTRAR.

Filed March 8 1918 W. G. S. J. J. COUNTY REGISTRAR.

355-204-669
COUNTY REGISTRAR.